

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023127

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 11

Primary Registration District No. 5054

Registrar's No. 43

FILED JUL 11 1963

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Near Viola White River bog		c. CITY OR TOWN Viola Lane	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 Mile W. of Viola		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.F.D. Lane
3. NAME OF DECEASED (Type or print) First MAX Middle WILLARD Last TURNER		4. DATE OF DEATH Month July Day 3 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-14-1943
9. AGE (last birthday) 20		IF UNDER 1 YEAR Months 20 Days 20 Hours 20 Min. 20	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Missouri Forestry Service		10b. KIND OF BUSINESS OR INDUSTRY Reed Springs, Mo.	11. BIRTHPLACE (City and state or country) USA
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME W. A. Turner	
13b. MOTHER'S MAIDEN NAME Gladys Davis		14. NAME OF HUSBAND OR WIFE Mrs. Gladys Hendrickson-Carr Lane	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Mo. Mrs. Gladys Hendrickson-Carr Lane	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Head & chest injuries Interval between onset and death Inst. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Car accident			
20c. TIME OF INJURY Hour 12:50 a.m. 7 Month, Day, Year 3 63		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 7/10 MI N. of Stone Co. line near Viola		20f. CITY, TOWN, OR LOCATION Barry Mo.	
21. I attended the deceased from Coroner's Case and last saw her alive on _____ Death occurred at About 12:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dr. E. Williams Coroner		22b. ADDRESS Cassville, Mo.	
22c. DATE SIGNED 7/6/63		23. NAME OF CEMETERY OR CREMATORY Rice Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-6-63	
23c. LOCATION (City, town, or county) Taney County, Mo.		24. FUNERAL DIRECTOR Nelson Funeral Home-Berryville, Ark.	
25. DATE RECD. BY LOCAL REG. July 6 1963		26. REGISTRAR'S SIGNATURE Grace Williams	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

JUL 15 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles M. Nelson

Licensed Embalmer No. 5002

P. O. Address Benjiville, Ark

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit permit of license July 6-1963
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